

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
09662737
APPLICANT(S)

FILING DATE
09-15-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7		✓					57						
8		✓					58						
9		✓					59						
10		✓					60						
11		✓					61						
12		✓					62						
13		✓					63						
14		✓					64						
15		✓					65						
16		✓					66						
17		✓					67						
18		✓					68						
19		✓					69						
20		✓					70						
21		✓					71						
22		✓					72						
23		✓					73						
24		✓					74						
25		✓					75						
26		✓					76						
27		✓					77						
28		✓					78						
29		✓					79						
30		✓					80						
31		✓					81						
32		✓					82						
33		✓					83						
34	✓						84						
35		✓					85						
36		✓					86						
37		✓					87						
38	✓						88						
39		✓					89						
40		✓					90						
41		✓					91						
42		✓					92						
43		✓					93						
44		✓					94						
45	✓						95						
46		✓					96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	42						TOTAL DEP.						
TOTAL CLAIMS	46						TOTAL CLAIMS						